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<b>SERIAL NUMBER</b> 10/813,646	<b>FILING OR 371(c) DATE</b> 03/29/2004 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1649	<b>ATTORNEY DOCKET NO.</b> 11669.144USC1
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/056,461 04/07/1998 PAT 6,713,609 which is a CIP of 08/888,140 07/03/1997 ABN  
 which claims benefit of 60/058,212 07/16/1996 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

10/18/2005

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

**ADDRESS**

23552

**TITLE**

Monoclonal antibodies to type I interferon receptor

<b>FILING FEE RECEIVED</b> 2410	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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